			S	RF Di	sburs	eme	nt Reque	st For	m			0184004			
Participant Infor	mation														
Name: City	of West Lafaye	ette								SRF Loan N	lumber:		WW:	.41079	9 07
DUNS Number:	04 455 2636	6		CCR Nu	mber:	6NKJ:	2			Request		4	5		
Mailing	711 West N	lavajo Street						잗				1			
City: West Laf	ayette			State:	IN				T	ZIP	47906	i			
Contact Person:		Peter L. Gr	ray, City Co	ontroller			Contact Phone	Number:	7	65-775-5150					
Authorized Repres	entative:	Mayor Joh	nn R. Denni	is, or Pete	er L. Gray	, ,	Authorized Rep	resentativ	e Phon	e Number:	765-7	75-51	.00		
If requesting reimb	oursement to th	he Participan	it by wire t	ransfer p	lease pro	vide the	following info	rmation:							
Bank Name:						Ва	ank Routing Nu	mber:							
Account Name:						Ad	ccount Number	r:	-						
Loan Information	n														
Description of wor (services, fees, typ			nade	Shera	ton and I	Fairway	Knolls Lift Stati	on Improv	ements						
Is any part of this o	claim funded by	y an alternate	e funding s	ource?									YES		⊠ NO
If yes, please ident	ify the source a	and amount o	of the clain	n funded	by the al	Iternate	source (OCRA,	SAP, Local	Funds)	:			\$		
Is any part of this o	laim funded by	y the Indiana	Brownfield	ds Progra	m?								YES		⊠ NO
Has the Participant	t paid the requ	est and is nov	w seeking	reimburs	ement?					*			YES	+	⊠ NO
Is any part of this o	claim a result of	f a change or	rder? If yes	, please a	attach the	e SRF cha	ange order app	roval lette	er.				YES		⊠ №
Are there Green Pr	oject Reserve o	components	involved in	n this req	uest?								☐ YES		⊠ ио
If yes, please descr	ibe:														
Loan Financial In	formation														
Original Loan Amo	unt:											\$	2,160	,000.0	00
Total Amount of P Disbursements:	revious											\$	2,457	,044.0	00
Balance Available Disbursement:	After this											\$	146,0	17.00	
Amount to Contr	actor for this	Request:										\$	6,93	00.	
Is any part of this r	equest a partia	al or final rele	ease of reta	ainage to	the cont	ractor?							YES		⊠ ио
Contractor Name:	Greele	y and Hanser	n				DUNS Numbe	r: 04	569 99	49				-	
Mailing address:	Lockbo	x 619776, РС	O Box 6197	7											
City: Chicago				State:	IL					ZIP Code:	606	80-61	.97		
Wiring Information	1:		1111.0-208026413230												
Bank Name:				-2-12-70-5-00-7-0-5-			Bank Routing	Number:							
Account Name:							Account Numl	ber:							
Retainage Amou	nt for this Re	quest:										\$			
Participant request	ts that the reta	inage amoun	nt be held b	oy SRF:											
Participant request	ts that the reta	inage amoun	nt be sent t	o the Par	ticipant v	via check	k to the mailing	address li	isted ab	ove:					
Participant request	ts that the reta	inage amoun	nt be sent t	o the foll	owing ba	ınk:									
Bank Name:							Bank Routing	Number:							
Account Name:							Account Numb	ber:							
Total Amount of	this Request:	:										\$	6,939	.00	
The undersigned here of the project agreem Department of Labor	ent, that the ce	ertified payrol	lls received												
Authorized Representative									-	Date	2:	١	IAR 2	2 20	116
For Internal Use O	nlv:						7			- an ourseum					
Approved By:							Date:			GPR		\$			
										0.000 M					

WWTU MAR 1 4 2016



100 S. Wacker Drive, Suite 1400 Chicago, Illinois 60606 p 312 558 9000 f 312 558 1006 www.greeley-hansen.com

March 8, 2016

Mr. David Henderson Utility Director City of West Lafayette Wastewater Treatment Utility 500 South River Road West Lafayette, IN 47906

Subject:

Sheraton & Fairways Knolls Lift Station Improvements

Invoice No. INV-0000461554

Dear David:

The enclosed invoice is for services related to the Sheraton & Fairways Knolls Lift Station Improvements in accordance with the agreement dated July 2, 2013.

Invoice No. 0000461554 covers services provided through February 26, 2016.

lustra

Please call me if you have any questions.

Thank you.

Sincerely,

Greeley and Hansen

Joseph M. Teusch

Jmt/img



For customer service, call 312 578 2375.

P.O. Box 6197 Chicago, Illinois 60680-6197 p 312 558 9000 www.greeley-hansen.com

Billing Number:

Invoice Number:

INV-0000461554

Invoice Date:

03/08/2016

Description:

AUTHORIZATION: FOR ENGINEERING SERVICES FOR THE SHERATON & FAIRWAY KNOLLS LIFT STATION

IMPROVEMENTS IN ACCORDANCE WITH THE AGREEMENT DATED JULY 2, 2013

Bill To:

CITY OF WEST LAFAYETTE

ATTN: MR. DAVID HENDERSON

UTILITY DIRECTOR

500 SOUTH RIVER ROAD

WEST LAFAYETTE, IN 47906

Remit To:

GREELEY AND HANSEN

LBX 619776

P.O. Box 6197

CHICAGO, IL 60680-6197

Customer Number:

0791

Contract Value

Cost:

\$308,000.00 \$0.00

Fee: Total:

\$308,000.00

Project Number: Project Name:

Terms:

Due Date:

07911.01

SHERATON & FAIRWAY LS IMP

NET 30 04/07/2016 Cumulative Amount Billed:

\$297,840.43

Billing Period From:01/30/2016

To:02/26/2016

Current Cumulative Amount Amount \$261,022.29 D/L w/Multiplier 3.2 \$6,868.44 \$6,868.44 \$261,022.29 Total Labor \$0.00 \$32,797.50 Sub-Consultants 1,040.89 70.20 Travel -300.00 0.00 Printing \$70.20 \$33,538.39 Total ODC's \$0.00 \$3,279.75 Mark-up on ODC's \$3,279.75 Mark-up Subtotal \$0.00 \$6,938.64 \$297,840.43 Invoice Subtotal Invoice Total \$297,840.43 \$6,938.64

Current Incurred Hours:

59.50



For customer service, call 312 578 2375.

P.O. Box 6197 Chicago, Illinois 60680-6197 p 312 558 9000 www.greeley-hansen.com

Sum of Entered Hours

110413						
	CLEMENS	HEALY	RODENBECK	TEUSCH	VIRANYI	Grand
2/2/2016		1.50				1.50
2/3/2016		0.50	3.50	1.00		5.00
2/4/2016		0.50	9.00			9.50
2/5/2016	1.50		1.00			2.50
2/9/2016	3.50	1.00		1.00		5.50
2/10/2016	3.50					3.50
2/11/2016	49	1.00				1.00
2/12/2016	2.00	0.50				2.50
2/16/2016	2.50	0.50	2			3.00
2/17/2016	1.00			1.00		2.00
2/18/2016	4.00	0.50		1.00	2.00	7.50
2/19/2016	2.50	0.50				3.00
2/22/2016	3.00	0.50				3.50
2/23/2016	3.00	1.00		1.00		5.00
2/25/2016	3.00					3.00
2/26/2016	1.50					1.50
Grand Total	31.00	8.00	13.50	5.00	2.00	59.50



For customer service, call 312 578 2375.

P.O. Box 6197 Chicago, Illinois 60680-6197 p 312 558 9000 www.greeley-hansen.com

Billing Number:	24	Project Number:	07911.01		
Invoice Number:	INV-0000461554	Project Name:	SHERATON & FAIRWAY LS IMP	Invoice Date:	03/08/2016

Non-Labor Supporting Schedule

Group Description:

Total ODC's

Description	Transaction	JE No./ Vchr No.	Current FY/Pd	Vendor	Invoice ID	Current Amount
Line Description:	Travel					
Travel Local	Travel Local	252805	2016/3	GRANT CLEMENS	EXP 2/9/16	\$70.20
Total: Travel	¥					\$70.20
Total ODC's						\$70.20

1											
CLIEN I OR PURPOSE	PURPOSE				EMPLOY	EMPLOYEE NAME	EMF	EMPLOYEE NO.	ORG		DATE
West L	West Lafayette				Grant	Grant Clemens	80	8820	125	FKUM 2/9/2016	2/9/2016
	PROJECT INFORMATION				AUTO A	AUTO AND HOGAL TRAVE			Ì		
			PARES	ΔIIITO)) <u>[</u>		XLCE	100 N		3 = 3	
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DATE			ETG. N	Miles Rate	Expense	EXCENSE IN THE PROPERTY OF THE	LOCAL		BEV	Fxpense	TOTALS
12/14/2015	07911.01.600.01.602	5030.00		130 0.54	\$70.200		\$70.20				\$70.20
	NSRLS Precon Meeting	 			▓.						
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APPROVED BY:	D BY:										
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# WW	GREELEY AND HANSEN					EMPLOYEE SIGNATURE	GNATURE:			in de la de la company de la c	
TRAVEL E	TRAVEL EXPENSE RECORD					(DO NOT USE BLACK INK)	ACK INK)	MAT LA	7		
The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
5030	S/L I KAVEL ACCOUNT #'S for DIRECT PROJECTS 5030 BILLABLE COSTS	COJECTS			LOCAL	LOCAL TRAVEL REFERENCE		MISCELLANEOUS	OUS REFERENCE	NCE	
	NON-BILLABLE COSTS	20			2. TOLLS	1. IAXI, LIMOUSINE, PUBLIC I KANSPORTATION 2. TOLLS AND PARKING	ANSPORTATION	1. TELEPHONE 2. FILM & PHOTOGRAPHS	E TOGRAPHS		- E
Refer to GLA	Refer to GL Account Codes for Indirect Project Acct. #'s.	cct. #'s.			3. RENT	3. RENTAL CARS (INCLUDING GASOLINE)	(ASOLINE)	3. OTHER	VS S		
H LON					4. GAS, C	GAS, OIL, MAINTENANCE (G & H Leased cars only)	& H Leased cars on	4			
Do Not Com	Do Not Combine Billable Costs with Non-Billable Costs.	able Costs.			5. OTHER 6. OTHER	x m		5. OTHER			
Use a Separ	Use a Separate Expense Record for Billbale and Non-Billable Costs.	and Non-Billable (Costs.		;						